## R-10614 (1/19)

### CHILD CARE PROVIDER'S PORTION - To be completed by the child care facility

Please complete this section of the form before submitting it to the child's parents or guardians. This form must be provided to the child's parents or guardians before January 31, 2019. Use separate forms for each child **under the age of six (6)** who attended your day care center.

Child Care Fasilitude Name								
Child Care Facility's Name Smart Child Care, LLC DBA: Rocking Horse ELC 14309								
Smart		LC DDA.	Rocking horse LLC	1	4309			
LA Revenue Account Number	Star Rating	Star Rating Date Rating Awarded (mm/dd/yyyy)			Date of Star Expiration (mm/dd/yyyy)			
0144895000100	2		July 1, 2018	June 30, 2019				
Location Address 2253 Americ	an Way							
Location City				State	ZIP			
Port Allen				LA	70767			
Mailing Address (if different from location address) Same as Above								
Mailing City				State	ZIP			
Child's First Name	Initial	Last Name		Suffix	Date of Birth (mm/dd/yyyy)			
Sign and Date								
Child Care Facility's Authorized Representative					Date (mm/dd(yyy)			
PARENTS OR CHARDIAN'S ROOTION To be completed by perents or superdising of suplifying shild								

#### PARENTS OR GUARDIAN'S PORTION – To be completed by parents or guardians of qualifying child

Please complete this section of the form and attach it to your 2018 Louisiana individual income tax return when filing a paper return to claim the credit. If using a tax preparer, present the completed document to the preparer in order to claim the credit. If filing electronically, complete this section and retain the form with your records. *Note: The child must have been under the age of six (6) at some time during the year to be eligible for this credit.* You should receive a form from each child care facility rated between 2 and 5 stars that the child attended during the calendar year.

Your First Name	Initial	Last Name	Suffix	Social Security Number			
Spouse's First Name	Initial	Last Name	Suffix	Social Security Number			
Address							
City			State	ZIP			

#### QUALIFYING CHILD

Child's First Name	Initial	Last Name	Suffix	Social Security Number
Child's Date of Birth (mm/dd/yyyy)	Age	Child's Address (if different from parent/guardian)		

# Submit this document with your 2018 Louisiana individual income tax return when filing a paper return. If filing electronically, keep this document with your return.

To be valid, this must be an original form and must have a signature of the authorized representative of the Louisiana Department of Education.

Authorized Representative of the Louisiana Department of Education

Date (mm/dd/yyyy) 01/01 2019 matsna

